INFORMATION

Musings on the "President's New National Health Bill"

It's Sunday evening and I am weary of trying to figure ways and means to promote a larger budget for the Riverside County Health Department, so I pick up the May 7 issue of the *J.A.M.A.* and promptly fall from the frying pan into the fire. The cause of the difficulty is a summary of the "President's New National Health Bill." Following are the conclusions of an M.D. who has a smattering of statistical training:

First, I admire the rough sketch I make of the organizational chart for committees set up in S. 1679. It's a honey but would require too much county paper to reproduce it.

Then I while away the time trying to determine the number of persons involved in administering the proposed program. I come out with something like this derived from the organizational chart:

Item	*Persons*
Truman	1
Federal Security Administrator	1
National Health Insurance Board	5
National Council on Education for Health Professions	24
National Advisory Council for Research on Child Life (Estimate)	20
National Advisory Medical Council	17
48 State Advisory Committees (Estimate at least 7 members per committee)	336
Approximately 3,200 counties with a specified maximum of 16 on the local administrative committee	51,200
3,200 local professional committees allowing only one committee for each county (although there may be more committees) with an estimated membership of 7 per committee	21,400
Since it requires a minimum of one nurse to 2,500 people for an adequate bedside program, the home nursing program would require nurses	60,000
Total	133,004

My calculation of more than 130,000 committee members, administrators and nurses in the country at large does not include an estimate of the numbers involved in the special advisory and technical committees at the Federal level. The bill provides for any number of such committees.

It is simple so far. When I try to estimate items *not* in the bill, the number of clerical personnel needed to process forms, bills, checks for doctors and so forth, besides someone to double-check the checks, at the county level, and a duplicate set at both the state and Federal levels (that is the way EMIC worked) I am about to quit, although I do come up with an estimate of a minimum of 40,000 additional personnel.

Then, I think, what's to prevent further decentralization by setting up intermediate personnel in each of the regular USPHS district offices? The possibilities are endless.

Can there be any advantage in an organization of such magnificent proportions? There must be, or the Washingtons wouldn't have thought of it in the first place. There must, according to an unwritten law of nature, be some good in everything. I cudgel my brain and, lo, light appears. Come the depression there will be committee men, administrators, clerical personnel (we'll even have to have more janitors to carry out the wastepaper) et al. to the tune of a minimum of about 175,000 (says my statistical training) who will not be out of work.

Then, too, for some time I am worried that the local health officer might be designated as the local administrator of the so-called Health Plan. Imagine my relief to find that the sponsors of the bill are kind enough to remember to specify the duties of the local administrator. Judging from those specifications any health officer who is worth his salt and does anything to earn his pittance won't have the time to be the local administrator.

Note: Guess the whole business is a waste of time but the possibilities for employment and hitching a ride on the gravy train are fascinatingly fantastic.

P. S.: They should give physicians preference on some of these fancy jobs.

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